



A Just Recovery for Wisconsin

An Overview of Opportunities

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A Just Recovery for Wisconsin

An Overview of Opportunities

The purpose of this executive summary is to provide background and context for centering equity in a just recovery from COVID-19.

For more in-depth information and example policy interventions, see the [Just Recovery for Racial Equity](#) and [Just Recovery for Rural Equity](#) briefs.

Introduction

COVID-19 has shined a bright light on the inequitable conditions and structures that have long existed and have been exacerbated by the pandemic. In Wisconsin, these inequities are felt where individuals live, work, learn, and play. Inequities across social determinants of health like education, incarceration, low wage jobs, access to health care and preventive care, and access to paid leave have led to inequities in the burdens of COVID-19. For example, individuals who work in essential jobs or live in high-density housing are more likely to contract the virus because of unavoidable person-to-person interaction, and those who have less access to quality health care and certain chronic diseases have more severe outcomes.

These conditions for greater exposure and worse outcomes have been concentrated in Black, Indigenous, and communities of color due to decades of deliberate policy choices and racist institutional practices like systemic housing discrimination against Black families, disinvestment from low-income neighborhoods, and breaking treaties with Tribal nations. These worse outcomes include the following Wisconsin data points:

- Unemployment rates are nearly twice as high for Hispanic and Latinx Wisconsin residents as for Whites, despite wanting to work.¹
- Black and African American Wisconsinites experience the highest levels of poverty in the state, at three times the rate as for White Wisconsin residents.¹
- American Indian/Native American people are incarcerated at 6.8 times the rate of White people, despite similar rates of crime across races and ethnicities.¹

Black, Hispanic or Latinx, and American Indian people have been overrepresented among COVID-19 cases, hospitalizations, and deaths. Hispanic or Latinx Wisconsinites have the greatest case rates at

¹ December 2020 Minority Health Report Draft (DHS)

1.7 times that of Whites; Black Wisconsinites have the greatest hospitalization rates at 2.1 times that of Whites; and American Indian Wisconsinites have the greatest death rates at 1.5 times that of Whites.²

There have also been disparities in unemployment rates during the pandemic, with 20% of Hispanic adults and 16% of Black adults reporting being laid-off or furloughed since the outbreak began in the United States, compared with 11% of Whites.³ Disparate outcomes in health, social, and economic factors have also compounded mental health impacts for communities of color.

Due to a history of disinvestment, negative health outcomes have also disproportionately affected people in rural communities. With respect to COVID-19, systemic health and social inequities have contributed to rural people experiencing higher risk of morbidity and mortality.⁴

Health inequities are defined as systematic differences in the health status of different population groups with significant social and economic costs both to individuals and societies.⁵ In contrast, health equity means that “everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.”⁶

Wisconsin has an opportunity to do more than return to “normal,” which was not working for many Wisconsinites. Instead, the state can pursue a post-COVID-19 world that is more equitable. A fair and just recovery from the pandemic requires that state and local leaders embed principles of health equity in the design, implementation, and evaluation of response and recovery efforts. Examples of health equity in practice include:⁷

- Collecting, analyzing, and reporting data disaggregated by sociodemographic characteristics
- Including people most impacted by health and economic challenges in decision making
- Establishing and empowering teams committed to advancing equity in response and recovery efforts
- Identifying and addressing existing policy gaps and policy opportunities that can address health equity
- Investing in strengthening public health, healthcare, and social infrastructure to foster resilience

² [COVID-19: Racial and Ethnic Disparities](#) (DHS)

³ [Hispanics are almost twice as likely as whites to have lost their jobs amid pandemic, poll finds](#) (The Washington Post)

⁴ [Health Equity Considerations & Racial & Ethnic Minority Groups](#) (CDC)

⁵ [Health inequities and their causes](#) (WHO)

⁶ [What is Health Equity?](#) (RWJF)

⁷ [Health Equity Principles for State and Local Leaders in Responding to, Reopening and Recovering from COVID-19](#) (RWJF)

This Executive Summary provides an overview of a just recovery for COVID-19, including background information, demographics, and priority issues for Wisconsin. More detailed information on example policies that can support a just recovery in Wisconsin can be found in the following briefs:

- [Just Recovery for Racial Equity](#) and [Just Recovery for Rural Equity](#) — These briefs outline evidence-informed policies and practices that can be implemented at state and local levels. They also provide context for the need to center racial equity and rural equity, respectively, so that communities can be more resilient in the face of health-based emergencies and help all Wisconsinites to thrive.
- [Healthy Workers, Thriving Wisconsin: Solutions Addressing Lack of Income as a Barrier to COVID-19 Isolation and Quarantine](#) — This report is a rapid health impact assessment that uses literature review and interviews conducted in Wisconsin to analyze three policies and their impact on worker health and COVID-19 spread: paid sick leave, workers' compensation changes, and direct payments.

Background

Demographics: Race and Ethnicity

As the 20th most populated state, Wisconsin has a total population of 5,781,051 as of 2018.⁸ Wisconsin's racial and ethnic make-up varies by region. Using the Department of Health Service's (DHS) categorization of Wisconsin counties (Fig. A), Tables 1, 2, 3, and 4 detail the racial and ethnic make-up statewide and by region as of 2018.

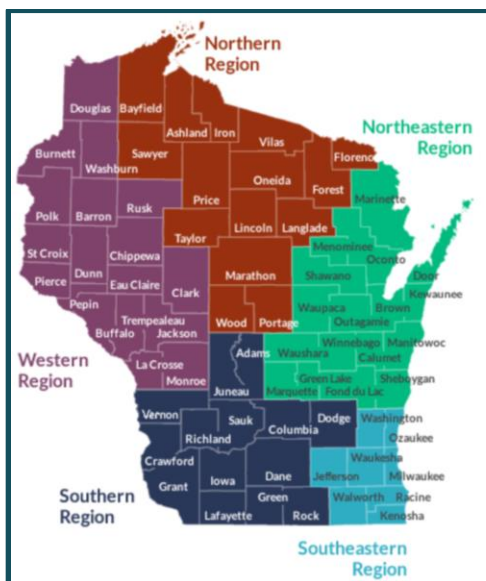


Figure A: DHS Regions by County⁹

⁸ WISH (Wisconsin Interactive Statistics on Health) Query System: Population Module (DHS)

⁹ DHS Regions by County (DHS)

Table 1: Percent of State Population by Race, 2018⁸

White	Black	American Indian	Asian
88.1%	7.3%	1.3%	3.2%

**Table 2: Percent of State Population by Region
and Percent of Region Populations by Race, 2018⁸**

Region	Region population (% of state pop.)	White (% region pop.)	Black (% region pop.)	American Indian (% region pop.)	Asian (% region pop.)
Southern	19.7%	91.0%	4.7%	0.7%	3.6%
Southeastern	36.6%	80.2%	15.3%	0.8%	3.6%
Northeastern	21.6%	92.6%	2.3%	2.1%	3.0%
Western	13.7%	95.0%	1.6%	1.2%	2.2%
Northern	8.4%	93.0%	1.2%	2.9%	2.8%

Table 3: Percent of State Population by Ethnicity, 2018⁸

Non-Hispanic	Hispanic
93.0%	7.0%

**Table 4: Percent of State Population by Region
and Percent of Region Population by Ethnicity, 2018⁸**

Region	Region Population (% state pop.)	Non-Hispanic (% region pop.)	Hispanic (% region pop.)
Southern	19.7%	94.4%	5.6%
Southeastern	36.6%	88.7%	11.3%
Northeastern	21.6%	94.7%	5.3%
Western	13.7%	97.3%	2.7%
Northern	8.4%	97.4%	2.6%

Hispanic, Asian, and African American residents composed a larger proportion of the regional population in the Southeastern region. This is likely because this region includes Milwaukee County, where two-thirds of African American and one-third of Hispanic state residents reside.¹⁰

Demographics: Rural Wisconsin

In the U.S., 1 in 5 people live in rural areas with 97% of the land mass considered rural.¹¹ In 2019, more than 1 in 4 or 1,502,031 people in Wisconsin lived in a rural area.¹² Figure B provides a nuanced look at rurality in Wisconsin. The map shows distance from population centers in 2016 Wisconsin for cities, towns, and villages.

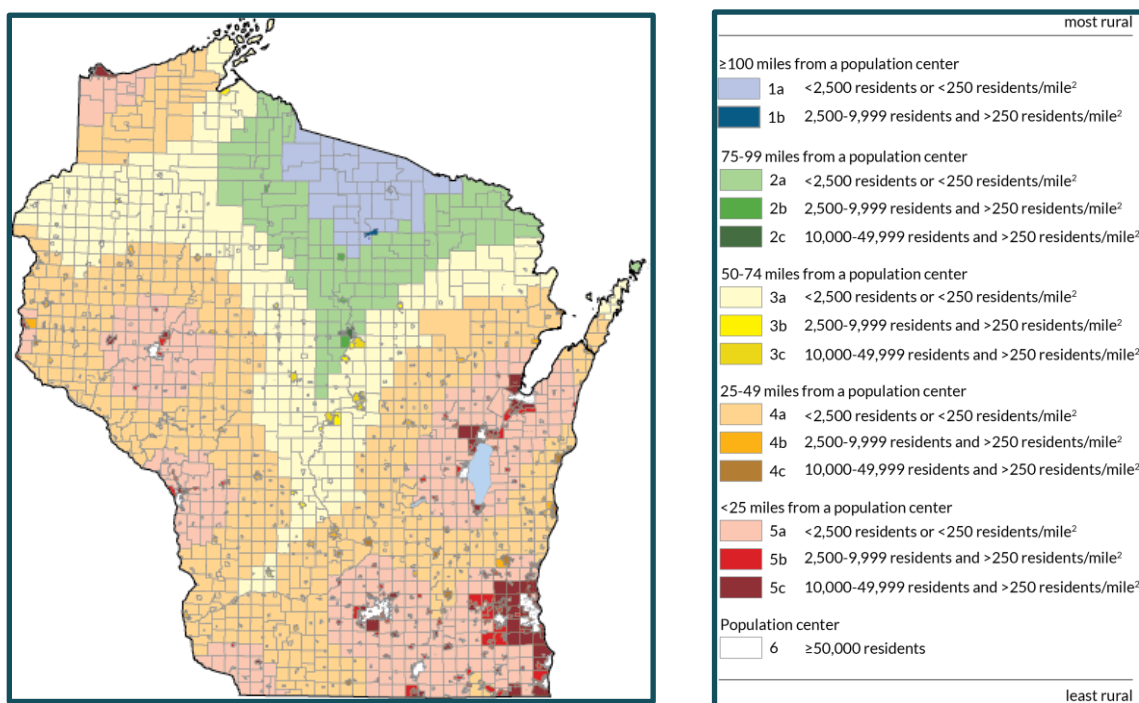


Figure B: Wisconsin Office of Rural Health's Municipal Urban-Rural Classification¹³

Currently, many of Wisconsin's more rural counties, especially in Northern Wisconsin, have a higher median age than more metropolitan counties. The Wisconsin Department of Administration estimated that by 2040, 23.7% of the state population will be 65 or older. This impacts social infrastructure needs, health care, number of working-age adults and tax base.

Two-thirds of Wisconsin's rural counties (31 of 46) saw their populations drop between 2010-18, according to a study conducted by Forward Analytics, a division of the Wisconsin Counties

¹⁰ [Healthiest Wisconsin 2020 Baseline and Health Disparities Report](#) (DHS)

¹¹ [What is Rural America?](#) (US Census Bureau)

¹² [Wisconsin State Health Assessment and Health Improvement Plan](#) (DHS)

¹³ [Municipal-Level Urban-Rural Classification System](#) (Wisconsin Office of Rural Health)

Association.¹⁴ While these declines are not as severe as some rural counties face nationally, they still require attention. The same study reported that the rural population decline was getting worse as late as February 2020, right before the pandemic broke out in the United States, and identified shrinking workforce, fewer jobs and businesses, and slower income growth as impacts of a decreasing population.

Tribal Nations in Wisconsin

In Wisconsin, there are 12 tribal communities with 11 of them federally recognized as nations. These include:

- Bad River Band of the Lake Superior Tribe of Chippewa Indians of the Bad River Reservation
- Forest County Potawatomi Community
- Ho-Chunk Nation of Wisconsin
- Lac Courte Oreilles Band of Lake Superior Chippewa Indians of Wisconsin
- Lac du Flambeau Band of Lake Superior Chippewa Indians of the Lac du Flambeau Reservation of Wisconsin
- Menominee Indian Tribe of Wisconsin
- Oneida Tribe of Indians of Wisconsin
- Red Cliff Band of Lake Superior Chippewa Indians of Wisconsin
- Sokaogon Chippewa Community
- St. Croix Chippewa Indians of Wisconsin
- Stockbridge Munsee Community, Wisconsin
- Brothertown Indian Nation (not federally recognized)

Tribal nations direct social, political, educational, and health policies and programs to support quality of life for its members (self-determination). Many of the 11 Native land areas are in rural areas, but tribal members live throughout the state.¹⁵

There is a long history of Native Americans in Wisconsin fighting to maintain sovereignty and self-determination in the face of forced assimilation, relocation, and termination. Policy considerations concerning COVID-19 and just recovery need to center Tribal Nations' sovereignty.

¹⁴ [The Rural Challenge](#) (Forward Analytics)

¹⁵ [Native Nations](#) (Kids Forward)

Disparities During the COVID-19 Pandemic

The COVID-19 pandemic has only magnified preexisting health inequities. As of January 31, 2021, there have been 542,415 COVID-19 cases with 24,298 hospitalizations and 5,896 deaths in Wisconsin.¹⁶ While COVID-19 affects all Wisconsinites, statewide data demonstrate that communities of color are disproportionately represented in the rate of COVID-19 cases, hospitalizations, and deaths per 100,000 people. Table 5 details this data.

Table 5: Percent and Rate per 100,000 of COVID-19 Cases and Deaths by Race and Ethnicity in WI as of 1/31/2021¹⁶

Race	Percent of State Pop.	Percent of Cases	Cases per 100,000 people	Percent of Deaths	Deaths per 100,000 people
Native American	0.9%	1.2%	11,721.2	1.3%	146.2
Asian or Pacific Islander	3.0%	2.6%	7,349.7	1.8%	59.4
African American	6.4%	6.9%	9,384.7	7.2%	111.6
White	80.9%	75.6%	8,085.1	82.9%	101.0
Multiple or Other Races	1.7%	2.5%	12,579.2	0.7%	41.6
Ethnicity	Percent of State Pop.	Percent of Cases	Cases per 100,000 people	Percent of Deaths	Cases per 100,000 people
Hispanic or Latinx	7.1%	11.2%	13,704.4	6.0%	84.0
Unknown race/ethnicity	N/A	7.1%	N/A	2.6%	N/A

Rural communities are also experiencing disparities in COVID-19. As seen in Figures C and D on the following page, the case rate and percentage of cases resulting in death are highest in a number of rural counties.

¹⁶ [COVID-19 \(Coronavirus Disease\)](#) (DHS)



Figure C: COVID-19 Cases per 100,000 People in WI by County as of 1/03/21¹⁷

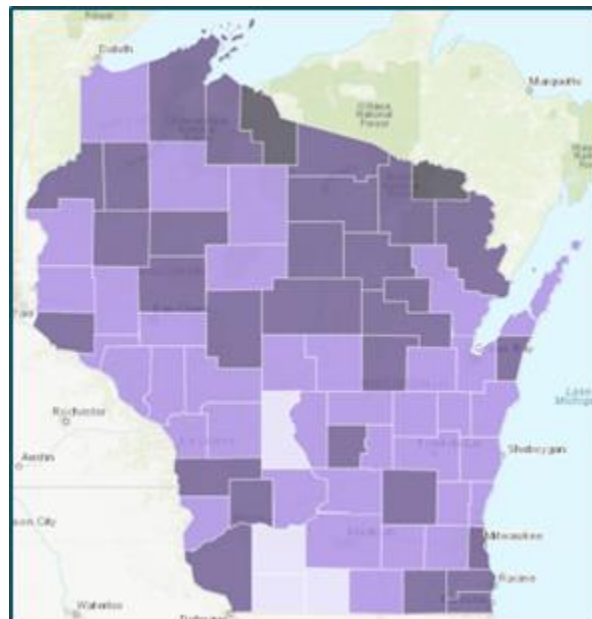


Figure D: Percent Deaths per COVID-19 Cases in WI by County as of 1/03/21¹⁷

Darker color indicates higher case rates ranging from light grey (>5,000-7,500), grey (>7,500-10,000), to dark grey (>10,000) and % of deaths per cases ranging from light purple (0-.5%), purple (>.5-1%), darker purple (>1-3%), and dark purple/black (>3%). For the most up to date information about cases and deaths, see [COVID-19 Data by County](#).

Drivers of Health and the Impacts of Policy

The World Health Organization (WHO) defines the social determinants of health (SDoH) as “the circumstances in which people are born, grow up, live, work and age, and the systems put in place to deal with illness.”¹⁸ Decades of research have demonstrated that these circumstances have more of an impact on our health than any other factor.

The WHO further states, “These circumstances are in turn shaped by a wider set of forces: economics, social policies, and politics.”¹⁸ For example, employment and educational opportunities; socioeconomic status; access to health care; immigration and impact of the immigration process; disability status; history of exclusion and marginalization; access to safe housing; experiences with the incarceration system; and the built environment around us determine our circumstances.

These factors impact the choices available to individuals and families and have the ability to affect future generations. This can create a cycle of individuals and families experiencing the same negative circumstances, and thus amplify the health disparities in a community.

¹⁷ [COVID-19 Data by County](#) (DHS)

¹⁸ [Social determinants of health: Key concepts](#) (WHO)

The widely recognized County Health Rankings model in Figure M illustrates how there are many factors that, if improved, can help make communities healthier places to live, learn, work, and play.¹⁹ The model estimates that clinical care only contributes about 20% to health outcomes; health behaviors contribute about 30%; and social, economic, and environmental factors contribute about 50%.²⁰

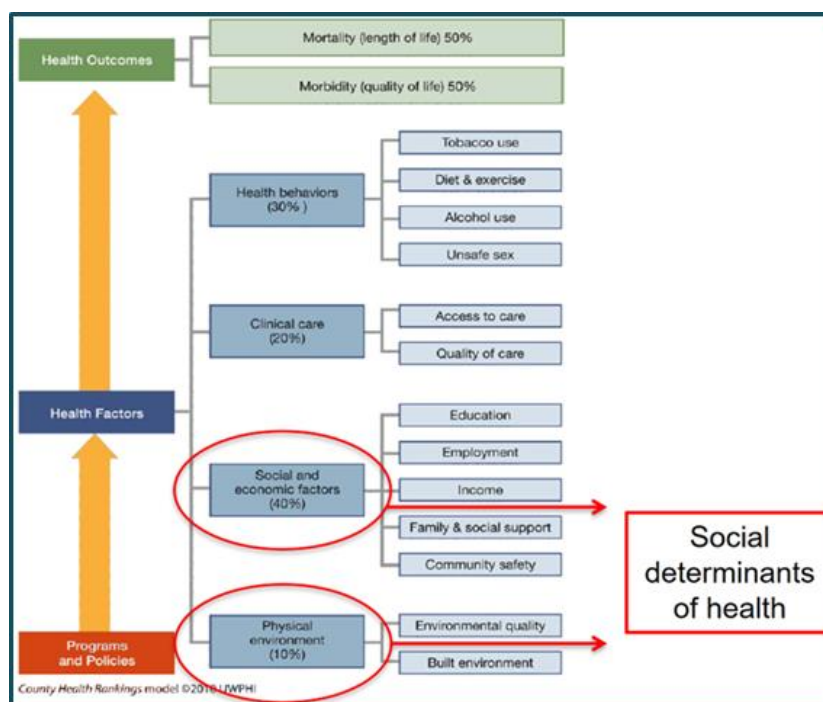


Figure E: County Health Rankings Model¹⁹

The model highlights that policies and programs directly influence these health factors. Policies have a tremendous impact on health inequities, even when they don't appear to directly deal with health or healthcare, because they often determine the conditions in which individuals, families, and communities live. They are a driving force in creating and perpetuating health disparities by altering social and economic conditions, behaviors, and the availability of assets. Persistent and avoidable inequities continue not only through these initial policy decisions themselves, but also through their legacy of resource advantage, such as money, knowledge, or influence, which benefit those in positions of power. Policy decisions can also have positive ripple effects in communities for generations by reducing barriers, creating opportunities, or providing incentive for healthy choices. Therefore, policies are important levers for change to address health inequities.

Those working on policy change to improve health, however, frequently target downstream conditions, such as health behaviors and clinical care, as opposed to policies that address the SDoH and make positive decisions and behaviors possible. In their Conceptual Framework for Action on the Social

¹⁹ [County Health Rankings Model](#) (CHRR)

²⁰ Remington, PL, Catlin, BB, Gennuso, KP. The County Health Rankings: Rationale and Methods. *Population Health Metrics*. 2015; (13).

Determinants of Health, the World Health Organization (WHO) found that policy interventions must tackle the upstream social determinants of health, such as housing access or racial segregation, to create effective and sustained change.²¹ Without a policy approach that focuses on social determinants and root causes, social and economic factors that can undermine these downstream interventions are likely to continue and possibly worsen, as found in the 2015 Health Trends Report.²²

The Population Health Institute’s Mobilizing Action Toward Community Health (MATCH) Group’s Framework for Health Equity (Figure O) highlights the role of social and institutional power in health and health inequities, focusing on who has the ability to make decisions, set agendas, and shape worldviews that then influence policy and systems. These policies and systems shape the community conditions that ultimately influence health over the lifespan.

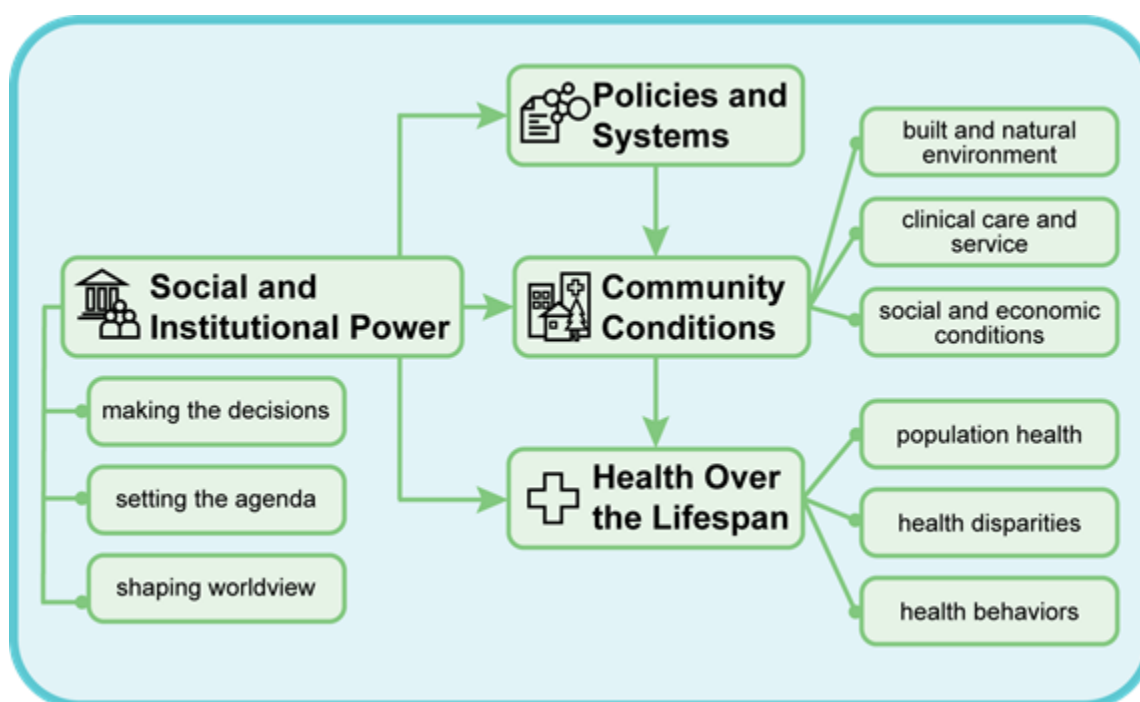


Figure F: MATCH Framework for Health Equity

The MATCH Framework lays out multiple entry points for policy interventions to address social determinants of health. These entry points range from mitigating inequities in downstream conditions, such as access to emergency care; to community conditions, such as stable housing and employment; all the way through upstream conditions, such as the ability to participate in and influence decisions about one’s community and its resources. Importantly, this covers the range of priorities identified by Wisconsin stakeholders in Wisconsin to advance a just recovery.

²¹ [A Conceptual Framework For Action on The Social Determinants of Health](#) (WHO)

²² [2015 Wisconsin Health Trends](#) (UW PHI)

Opportunities for a Just Recovery

As previously stated, COVID-19 has shed new light on existing inequities in the social determinants of health in Wisconsin. Many of the inequities seen in the spread of COVID-19 and in response efforts may have been mitigated by effective policies and procedures. It is not too late to begin planning for a just recovery and long-term community resilience.

The [Just Recovery for Racial Equity](#) and [Just Recovery for Rural Equity](#) briefs outline priority issue areas and example policy interventions related to the social determinants of health. These policies can help make Wisconsin a more equitable state where all people have a fair chance to thrive.

Just Recovery for Racial Equity	Just Recovery for Rural Equity
Issue 1: Power and Representation in Decision Making About Resource Allocation Issue 2: Housing Quality and Stability Issue 3: Health Care and Emergency Management, Including COVID-19 Communication and Testing Issue 4: Mental Health and Connectedness Issue 5: Economic Stability and Wealth Building Issue 6: Equitable Employment and Family Economic Stability	Issue 1: Broadband Infrastructure Issue 2: Food Systems and Agriculture Issue 3: Health Care Access Issue 4: Housing Stability Issue 5: Mental Health and Connectedness Issue 6: Job Security and Stable Employment

Note that there are key social determinants of health not represented here that also play important roles in shaping health and equity. [Education](#), [Food Security](#), and [Transportation](#) were not among the highest prioritized of partners engaged, but are interconnected with the issues listed above, and should also be considered for possible action.

Shifting Health Equity Narrative

The public narrative ultimately shapes what policy changes are possible and helps influence the organizational structures that inform decision making in public health. Shifting the public narrative is therefore an important step toward creating a more just society that promotes health, safety, and equity. The process of shifting narrative involves identifying the toxic narratives that create barriers to health and health policy, and developing transformational narratives that lift up the values that build more equitable communities. Transformational narratives have the power to provide a new vision for health in Wisconsin and gain public support for policies that impact the social determinants of health.

Shifting narrative is a long-term process. Progress is difficult to measure, and, because narrative work often doesn't have immediate payoffs, it can be difficult to prioritize. However, we must embark on this work if we are to make health equity programs and policies possible in Wisconsin.

The Wisconsin Healthiest State Initiative Narrative Workgroup, convened by the Mobilizing Action Toward Community Health (MATCH) Group of the University of Wisconsin Population Health Institute, identified and defined a number of toxic and transformational themes in Wisconsin. This work was informed by collaborations with the Frameworks Institute and Human Impact Partners.

Some toxic narratives that create barriers to health equity work include:

- “We are powerless to transform society to achieve health for all.”
- “Better health is about investing in medical advances and providing services.”
- “Individuals make or break their health and wealth.”

Some transformational narratives that can be used to shift toxic narratives include:

- “All people have inherent dignity and autonomy.”
- “Everyone deserves a just opportunity to thrive.”
- “In Wisconsin, we take care of each other.”

These transformational narratives have been used to develop a [COVID-19 Messaging Resource Suite](#) that helps the public health sector and its partners to center health equity in pandemic response and recovery communications. Sample talking points from these resources and the transformational narrative have informed pandemic communications from local health departments in Wisconsin and have been observed in the Governor's public remarks.

By using existing toolkits, like the [Narrative Development Toolkit](#) created by Human Impact Partners, and broadening the capacity of public health entities throughout the state to shift narrative, we can take steps toward a just recovery in Wisconsin and lasting change for health equity.

Conclusion

This Executive Summary has provided background and an overview of strategies for centering racial and rural equity in a just recovery from the COVID-19 pandemic. For more in-depth information on state and local level policy and practice changes that can prevent and reduce the harms that inequitably fall on rural communities and communities of color, please see the [Just Recovery for Racial Equity](#) and [Just Recovery for Rural Equity](#) briefs. Any policy intervention under consideration should be examined in local context and vetted by local stakeholders, particularly those who will be most impacted by the decision.

An additional resource developed by the MATCH group, [Building Health Equity Policy Agendas: A Guide for Wisconsin](#), may be useful for incorporating a health equity lens in existing COVID response policy agendas or building a new health equity-oriented policy response locally.

Two supplementary resources designed by CRRTF can be useful to local stakeholders in considering next steps to advance a just response and recovery that lifts up equity:

- [Community Resilience, Equity, and Mental Health Considerations in Rapid Response](#) — This decision assistance guide can be used during rapid response in emergencies or similar urgent, high-risk scenarios to analyze action, policies, and guidance. The questions in this tool help design strategies that prevent or reduce harmful impacts and unintended consequences on marginalized populations. This tool should be used when diverse representation and collaboration with impacted parties are not feasible because of an emergency. We recommend including and documenting multiple voices in this process.
- [Stakeholder Engagement in COVID-19 Rapid Response](#) — This resource helps to identify local assets in communities and key stakeholders to engage when implementing specific action, policies, and guidance. Leaders have greater impact when they work with diverse groups, as well as those who may influence the passage or implementation of the action, policy, or guidance. Prioritizing stakeholder engagement helps local leaders by engaging the support of allies and preparing them to address any barriers or pushback.

This pandemic has not only reminded us of how much we need one another, but also of how much we can accomplish together. Policy and practice changes can prevent the harms that disproportionately fall on communities of color, rural communities, and low-income families. Rather than return to “normal,” let us use this moment to strengthen Wisconsin and be changed for the better. Working together across sectors, we have the resources, knowledge, and power to create more equitable communities where everyone has a fair opportunity to be healthy.